

EXPERIENCES OF THE USE OF SOCIAL COGNITION AND INTERACTION TRAINING (SCIT) IN AN ACUTE PSYCHIATRIC WARD

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<p>Abstract</p> <p>The client of the thesis was a psychiatric ward of a university hospital district in Finland. The aim of the thesis was to collect and analyse experiences of use of the Social Cognition and Interaction Training (SCIT) in the ward. The study was conducted from the point of view of the SCIT instructors in the ward.</p> <p>The study was based on a qualitative research approach. The data was collected by using a semi-structured group interview in order to enable the raising of new issues as freely as possible. In addition, the client had positive experiences of the use of semi-structured interviews in previous research projects. The data was analysed by using an inductive content analysis, which allowed the modification of the research questions according to the findings of the analysis.</p> <p>The research questions were: How do the instructors experience the use of SCIT in the ward? What factors affect the use of SCIT in the ward and how? What could be done to enhance the use of SCIT in the ward? The results were highly positive. The instructors felt that SCIT was an efficient and easy-to-use method and that it had helped the patients in the ward. SCIT was seen as a promising method with significant potential. Challenges in use of SCIT in the ward were also discovered as well as ideas for enhancing the way it is used.</p>		
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1 Introduction

Social interaction and relationships are part of people's everyday life. In fact it is in the very heart of being human. It is hard not to interact with anyone when one is for instance at school, work or library. When thinking about social skills one can learn and improve the skills throughout one's life. In fact relationships are in more paramount importance in middle and older adulthood. When compared to people suffering from loneliness or isolation, people with regular social interaction are not so likely to have cognitive deterioration. (Ristau 2011, 70.)

Some mental illnesses causes regression in social cognition. This applies largely illnesses including psychotic episodes and especially schizophrenia. Areas of social cognition; for instance emotion perception and recognition, and social perception, are often found impaired from people suffering from schizophrenia. Although impairment of social skills is rather common in different psychotic illnesses, only few methods exists for treatment of social cognition. Social Cognition and Interaction Training (SCIT) was developed to fill this void in treatments. (Roberts, Penn, & Combs 2010, 5; Thompson, Papas, Bartholomeusz, Allot, Amminger, Nelson, Wood, & Yung 2012, 204.)

Aim of the study was to find out the experiences of instructors about using Social Cognition and Interaction Training (SCIT) in acute psychiatric ward in psychiatric institute of university hospital district in Finland. The purpose was to give information to the ward how the instructors of the SCIT feels about the success of the SCIT in the ward and what factors contribute to that. The study

revealed that the instructors were largely satisfied to SCIT, though difficulties exist as well.

2 Psychosis and schizophrenia

Lönnqvist and Suvisaari (2011) defines psychosis as a condition where person experiences outer reality in different way from other people. Psychosis is a loss of contact with reality. Classic characteristics of psychosis are hallucinations and delusions. Other psychotic symptoms contains incoherence in speech, behaviour and thoughts. Psychosis is not a medical condition itself, it is symptom. Mental disorders, such as schizophrenia and bipolar disorder and also somatic reasons, such as brain tumour or intoxicant abuse, may cause psychosis. (Lönnqvist & Suvisaari 2011; National Health Service 2012.)

Schizophrenia is a mental disorder that affects to neurotransmitters, which are the messaging system of the brain. Schizophrenia is complex and can be chronic and severe, and likely consists of several different illnesses.

Nevertheless, due to early intervention and treatment prognosis can get better. (Isohanni, Suvisaari, Koponen, Kieseppä, & Lönnqvist 2011; Tuominen & Salokangas 2013; Skitsofrenia 2013.)

Usually schizophrenia starts in early adulthood, with men between 15 and 25 and with women between 25 and 35. Although schizophrenia can start later in life also. There are about 50 000 patients with schizophrenia in Finland. In yearly basis about 0.2% of Finnish people comes down with schizophrenia. About 10% of the patients needs support to get by with daily life. Over half of

the patients recovers rather well. (Tuominen & Salokangas 2013; Isohanni et al. 2013.)

The symptoms of schizophrenia are divided to positive and negative symptoms. Positive symptoms are something that adds to the behaviour, feelings or thoughts of the patient, for example hearing voices. Negative symptoms are something that are missing or decreased in the behaviour or feelings, for example inability to feel pleasure. (Tuominen & Salokangas 2013.)

Typical positive symptoms for schizophrenia include hallucinations, delusions and incoherence. Hallucinations consists usually from hearing and feeling something that is not there. Person may hear voices that are commenting his actions or thoughts, also he can feel that there is something extra inside of him. Visual hallucinations are rare. Delusions may appear as feeling that somebody is persecuting the person or trying to control him. Incoherence can be seen as incoherence in speech, the person can jump from topic to another without understandable logic or association. (Tuominen & Salokangas 2013.)

Typical negative symptoms for schizophrenia are lacking or decreasing in feelings or behaviour. Feelings may be narrowed, especially it may be difficult to feel pleasure or anything positive. Conversational skills and vocabulary deteriorate. Also communication skills are lacking, including difficulties to understand other peoples facial expression. (Tuominen & Salokangas 2013; Ventura, Wood, Jimenez, & Helleman 2013, 78 – 84.)

3 Social Cognition and Interaction Training (SCIT)

According Thompson and colleagues, Ostrom (1984) defines social cognition as a part of cognition that involves perception, interpretation and processing of social information (Thompson et al. 2012, 204). Social cognition is the part of cognition that may have independent meaning to social behaviour and skills, although it may be apart from traditional cognitive functions (Roberts et al 2010, 5 – 6).

SCIT is rather new group training method. The pilot study from the developers of SCIT was published in 2005 (Penn, Roberts, Munt, Silverstein, Jones, & Sheitman 2005, 357 – 359). SCIT is focused on impairments of social cognition, that are typical in schizophrenia: emotion perception, attributional style, and theory of mind. These impairments responds to medication poorly. Roughly defined, emotion perception is about how one understands what others are feeling. Attributional style and theory of mind are about understanding what others are thinking. (Roberts, Penn, Labate, Margolis & Sterne 2009.)

SCIT focuses on the active processes of social cognition and that makes the difference to traditional social training programs. It targets to distorted processes of interpretation that cause delusions. Patients will practice for example with negative social incidents that has happened to them. New explanations of the incidents are searched from circumstances of the incidents instead of person related matters. (Roberts et al. 2010, 7.)

SCIT has three phases: understanding emotions, social cognitive biases and integration. There are 18 sessions total, six sessions in the first phase, seven sessions in the second phase and five sessions in the last phase. (Penn et al. 2005, 357 – 359; Roberts et al. 2010, 5; Thompson et al. 2012, 204 – 206.)

In phase one attention is given to basic emotions. The aim of the phase is to enhance the patients ability to recognize emotions. The basic emotions are defined in the sessions and the emotions are linked to different facial expressions. The relationship between emotions and social situations are discussed. Patients will share personal experiences about emotions. Experiences are attached to different contexts of social interactions. (Roberts et al. 2010, 10.)

In phase two social interaction is explored. The aim is to assist patients to better interpretation in social interaction. Social cognitive strategies are introduced to avoid premature deductions about interactions. Interactions are explored by inventing several possible explanations to negative social interactions, although the separation of social facts and social guesses are explained. Patients practice to notice and gather evidence from social interaction and use them, instead of jumping in to conclusions. (Roberts et al. 2010, 10 – 11.)

In third and final phase the skills learned in two previous phases are taken into more practical level. Patients introduce their problematic social situations and the group will explore and analyse the facts related to the situations. Patients will practice via role play to check the guesses about social situations in

everyday life. Also experiences of personal life of patients are analysed by the group using the skills learned in training. (Roberts et al. 2010, 11.)

3.1 Studies about SCIT

Studies show that SCIT is effective treatment for improving social cognition. Results apply for inpatients and outpatients as well. Combs, Elerson, Penn, Tiegreen, Nelson, Ledet, & Basso (2009, 196 – 197) executed a six-month follow-up study for persons completed SCIT training. The study measured emotion perception and social functioning using tests for face emotion identification and social engagement. Tests were executed before and after participating SCIT and six months after the training. Both tests showed improvement after training. Also after six months both tests showed results better than before the training. For instance the results of face emotion identification test improved 22.6% from the test before SCIT to test made after six months. Though test result dropped 11.3% during the six month period after the training. The test of social engagement showed rather similar trends, but a bit less improvement happened. (Combs, Elerson, Penn, Tiegreen, Nelson, Ledet, & Basso 2009, 196 – 197.)

According Horan and colleagues (2009, 47 – 54) encouraging results are found across other studies. Facial emotion perception has usually improved significantly. Areas of theory of mind and social attribution has not improved always. However Horan and colleagues (2009) recognize limitations in the studies that include missing active control groups and possibility of improvements of basic neurocognitive functions reflecting into results of social

cognition tests. (Horan, Kern, Shokat-Fadai, Sergi, Wynn & Green 2008, 47 – 54.)

3.2 How SCIT is used in the ward

The first SCIT group started in the ward in fall 2010. Six groups are gone through the trainings until June 2014. The ward aims to have group session 3 times per week, in practise sessions are 2 – 3 times per week. Depending of the the weekly session amount, the whole training lasts 2 – 3 months. One session lasts 1 hour.

There are five staff members who are acting as SCIT instructors; one psychologist, two nurses and two mental nurses. All of them have taken a two day course organized by Psykologianinstituutti (2014). The course is mandatory in order to act as SCIT instructor. In every session two instructors are present. Because of variation in work schedules the two instructors participating in the session are varying constantly. In average 3 – 4 patients participate in the training. Nowadays other instances are organizing the course also.

4 Aims and purpose of the study

Aim of the study was to find out the instructors experiences of using Social Cognition and Interaction Training (SCIT) in acute psychiatric ward in psychiatric institute of university hospital in Finland. The purpose was to give

information to the ward how the instructors of the SCIT feels about the success of the SCIT in the ward and what factors contribute to that.

The study aims to answer the following research questions :

- 1) How do the instructors experience the use of SCIT in the ward?
- 2) What factors affect the SCIT in the ward and how?
- 3) What could be done to enhance the usage of SCIT in the ward?

5 Implementation of the study

The client wished for research of experiences about the usage of training in the ward. In this case experiences were how the instructors have experienced the SCIT training. The experiences were subjective opinions of the instructors. These experiences were expressed with words, therefore the data is abstract and not definite.

Qualitative research method was used in this study. According Kylvä & Juvakka (2012, 26) the objective of qualitative study is to understand the topic from subjective point of view of the participants. With qualitative method it is possible to get holistic view from the topic (Doody & Noonan 2013). Because the study was about stories and opinions of people, statistical information was not possible to get (Kylvä & Juvakka 2012, 22). Therefore qualitative research method was suitable for this study.

In qualitative research method data should be collected as unlimited way as possible (Kylmä & Juvakka 2012, 26). Therefore interview was used in the study to collect the data. Interview was done with semi-structured group interview. This interview method was chosen because it is a flexible method and offers a possibility to explore new issues rising in interview. Semi-structured group interview enables more interaction between group members and also with interviewer. Also the client of the study suggested semi-structured interview because of good experience from another study, where semi-structured interview was used. (Doody & Noonan 2013, 30.)

5.1 Collecting the data

There are five persons in the ward who are instructing SCIT. All of them were asked to participate to the interview in addition to delivering participation request letter (appendix 1) and consent form for interview (appendix 2) to them. Finally four of them were able to organize their schedules to attend the group interview and gave their consent.

Interview was recorded to a laptop using GarageBand (GarageBand) software. Only audio was recorded. Interview lasted eighty nine minutes. One of the instructors have to leave after seventy three minutes. The interview was implemented in Finnish.

5.2 Analysing the data

After the interview some preliminary notes and feelings about the interview was written to notes. The interview was transcribed to text in order to help analysing the data. Transcription was made with VLC media player (VLC media player), which was used to listening of audio recording. OpenOffice Writer (OpenOffice), which is similar with Microsoft Office Word, was used to write down the interview. Transcription was made by the researcher. Transcription consists of 46 page of text using 1,5 line spacing and 12 font. Transcribing took about 19 hours.

Data analysis was done with inductive content analysis (Kylmä & Juvakka 2012, 29, 112 – 113). Analysing was done using OpenOffice Calc (OpenOffice), which is similar with Microsoft Office Excel. First every item of opinion was copied from transcription and pasted to Calc (OpenOffice) sheet to it's own row. At this point all the expletive words were removed. In order to minimize the risk of data distortion, the analysed data was kept in the same language as the interview, in Finnish.

After that all the analysis was done in English. Initial coding was made by using codes such as "positive comment about SCIT", "positive comment about the influence to patients" etc. After copying all the items from transcription, the items in sheet were sorted according the coding. Then repeating items and having same meaning were removed.

Comment from interview	Initial code
One of the most rational care methods, what has ever invented.	1 - Instructors positive comment about SCIT
Patients put themselves so exposed.	6 - Instructors general comment about SCIT's affect to patient
As a rule the feedback from patients have been really positive.	4 - Patients positive comment according instructor.
It wouldn't be bad at all, if the course would be mandatory for all patients.	7 - Instructors improvement suggestion
Currently tight package, even too tight.	2 - Instructors negative comment about SCIT

FIGURE 1. Example of the table from initial coding. Note that comments for interview are translated to English in this example.

As the text was explored in transcription and items were examined in two rounds, the general view of the data was clearer and themes raised out from interview started to formalize. Hence creating usable coding was easier at this point. This point sub-themes were formed out of the items and eventually sub-themes formed themes.

After themes were formed, research questions were investigated again. In qualitative research new areas may rise from the data and it is allowed (Kylmä & Juvakka 2012, 29, 112 – 113). The investigation showed that the research questions were answered in the data and themes were mapped to research questions respectively. In addition a theme was formed that did not fit in any research question directly and raised a new interesting issue. The instructors of SCIT experienced that learning and instructing SCIT has made difference in instructors personal life as well as professional skills.

Sub-theme	Theme	Research question
Highly pragmatic.	Things that make SCIT worthwhile.	How the instructors experience the use of SCIT in the ward?
Clear for patients.		
Patients benefit from SCIT.		
SCIT is well planned.	Structure and attributes of SCIT	
SCIT is well documented.		
SCIT is practical.		
Patients quit training	Patient's possible end of hospitalization when training is unfinished.	What factors affect to the SCIT in the ward and how?
Patient unable to travel to hospital	Hospital's distance from city areas.	
Enhance gathering and using feedback from patients.	Modifications for current ways for using SCIT	What could be done to enhance the usage of SCIT in the ward?
Timing changes to training.		
Support patient's traveling to hospital.	New ideas for improvement.	
Refresh course of SCIT to patients.		

FIGURE 2. Example of the table of themes, sub-themes and research questions

6 Findings

The general opinion about SCIT was really positive. Also the patients have given positive feedback according the instructors. The feeling left from the interview was that all the instructors were motivated and inspired to use SCIT. In addition the instructors have experienced the benefits of SCIT in their personal life.

6.1 The experiences of instructors about the use of SCIT in the ward

All the instructors were most pleased with SCIT. Furthermore, they thought that SCIT can be even significant in the future considering the treatment of psychiatric patients. The most agreed item in the interview, when justifying the greatness of SCIT, was that it concentrates in one of the key areas in people's lives, social life. Consequently, the instructors wanted SCIT to be mandatory for all the patients. It was also stated that as SCIT is processing general social issues in people's everyday life, would be beneficial in the schools, for example in nursing school and upper comprehensive school.

The instructors experienced SCIT as well organized method. The method is documented in clear and exact way which was felt comforting at this point, when SCIT has not been used that long. Although the manual and training itself is rather tight package, all the content was experienced meaningful.

The most important issue was that all agreed that SCIT has been helping their

patients. The instructors felt that SCIT gives hope for a realistic change of life to the patients. Actually they could not recall any patient who was not benefited from SCIT. One of the good aspects in SCIT was that it had worked for patients with different diagnoses and different symptoms. Although SCIT is originally developed for people suffering from psychotic illness, the instructors have noted it helps also other patients who have difficulties in social behaviour. The instructor noticed improvement in general life-controlling. Furthermore a patient suffering from anorexia benefited from SCIT.

Instructors have noticed that more than half of the patients that have gone through SCIT training have not returned to hospital, even they have had several frequent periods in the hospital. In fact instructors feels like even small miracles have happened with some patients. They feel like as a result of SCIT the patients are able to live active life as they become more confident in social situations. Patients can act more properly in social situations, thus they can act more freely and dare to express themselves.

The feedback from patients given to instructors has also been positive towards SCIT. Patients have experienced SCIT as easy-to-understand and clear method. Moreover they feel that it reaches enough practical level to help in their everyday life. Also important issues is that the patients experience SCIT as safe way to process even difficult issues.

6.2 The factors affecting to the SCIT in the ward

As more SCIT groups gone through training, the instructors have got more experienced about leading the group. When looking back the instructors realised their improvement as instructor and how their improvement had positive effect to the SCIT group as well. For instance in the first groups the instructors gave too much freedom with the homework of patients. Currently instructors are more strict and patients nowadays commit the homework diligently. In addition the patients noticed the benefits caused by done homework.

A factor that has large effect in the positive experiences of the SCIT group in the ward is team spirit in the group. It can be concluded from the interview that major issue to form a good team spirit is the equality that dominate the people inside the group, including the instructors. In order to explain the theory and exercises in the sessions the instructors gives examples from their personal lives. Sometimes patients are surprised about the fact that instructors make similar mistakes and misinterpretations and are not so different from patients.

As a result, trust between patients as well as between instructors and patients increases. Trust enables the a safe environment where patients can commit to the training and throw themselves in on the sessions. The instructors were pleased how other instructors throw themselves as well. The amount of trust comes evident as well via fact that instructors felt comfortable sharing their personal issues as examples. In addition it gave motivation for sharing when they noticed how much the examples help the patients to realize issues. Also

the instructors felt that they are more in same level with the patients than teaching from above. Trust was seen in the ward outside the sessions also. Personal experiences shared in sessions stay in sessions and gossiping has happened in the ward.

6.3 Challenges of using SCIT in the ward

However, factors creating challenges exists. Most of the factors relates to limitations of hospital environment and limitations in resources. About half of the patients that start SCIT never goes through it totally, although most of them would want to. Main reason for quitting was ending of the hospitalization. The hospital area where the ward exists, is located out of city centers. Public transportation goes there rather rarely and takes long. Therefore travelling to the hospital takes extra effort and can be issue of cost for the patients as well. In addition at least one psychiatric outpatient clinic is known to have so tight schedule that patients can not travel to the ward in order to participate so SCIT sessions. Though, some patients that continued the training while being outpatient already, expressed that it is good way to give structure and safeness to the week.

Some homework exercises were experienced as difficult by patients Even some of the instructors were puzzled with them. Though patients tried to do even the difficult ones. In some occasions only writing them down was difficult, explaining them verbally in session was easier and most of the patients had at least thought the exercise in their minds. Also some experiences that the beginning was too theoretic and there was too much

material to handle.

As noted before, SCIT training totally and sessions were experienced as full of content. Many times there was too much content for one session and the session had a feeling of hurry. This highlighted with groups of more impaired patients and with sessions of deep conversations.

6.4 Ideas for enhancing the usage of SCIT in the ward

The instructors felt that this is just the beginning and there are lot of things to improve how they use SCIT. Time was involved with many ideas. The amount of sessions was suggested to be bigger in order to help with busyness in sessions. When considering the amount of sessions, 24 were evaluated to be minimum. Even 28 was evaluated to be good to try for. As a result there would be more time to go issues through more thoroughly, and sessions would be more active and relaxed, not rushed through.

The instructors agreed that there if there would be a ways to ensure that the patient is able to go through all the training while in hospital, that could make committing to SCIT easier. In the other hand something could be done to make outpatients travelling to the hospital easier or cheaper. For instance co-operation between the near municipalities and the university hospital district should be organized to improve the logistic difficulties.

Although many patients that participated SCIT have stayed out of the hospital,

some of them have returned. The instructors felt that refresh course about SCIT could be useful to them. Earlier presented study (Combs et al. 2009) about the six-month follow-up support this idea. The study showed that some skills learned in the training had worsen in six months though they were still better than before the training.

Another large improvement according to the instructors included handling the feedback from patients. The feedback got from patients has been noted as good and having valuable ideas as well. In future the feedback could be used in better way. This would require gathering the feedback in more systematic and usable way.

6.5 Personal growth of the instructors

The instructors felt that they have learnt about SCIT as well. They had got new ideas and thoughts about social interaction. The instructors noticed that they are thinking social situations in personal life through tools introduced in SCIT. Though different options for interpreting and acting in social situations were widen. Especially method *checking it out* and three prototypical characters used in SCIT were found useful.

One of the instructors noticed that her prejudice towards patients has decreased. She felt that such huge and unexpected changes and have happened to the patients during the training that she nowadays gives chance and time for even the most withdrawn patients to open up.

In addition to the patient work the instructors have learned assess their own state of mind. They feel more confident on themselves as well as they can relate to patients better, especially how they may feel during processing the material and tools learned in the training.

7 Ethical considerations

7.1 General principles

According Steinke (Kylmä & Juvakka 2012, 137) ethical issues are important in studies and in thesis also. Reliability of the study may become endangered due the failure in ethical issues. Ethics must be included to every part of the study, they are not only to protect the persons involved.

Research guidelines from JAMK and the university hospital district were followed. Firstly topic proposal application was filled and approved by JAMK. Two thesis tutors were nominated from JAMK as well as representative of the hospital district. Then research plan was written which was first approved by the tutors and representative and finally by educational nursing director of the university hospital district.

No identifying information of personnel or patients are published in report nor the name of the ward. The data retrieved from interview was not ethically risky or valuable and does not contain any personal information. The interviewed

persons or exact position in the organization was not revealed. It was made clear that contributing to the study was strictly voluntary and one could withdraw from the study or interview any time. In order to ensure this, a participation request letter (appendix 1) was delivered to participants beforehand with consent form for interview (appendix 2). Every participant signed the consent. Also it was stressed in the beginning of the interview that the participation was voluntary and the participants can withdraw their consent at anytime and leave anytime they wanted.

The ethical justification to the study came from the client. The use of SCIT was considered important, but it should be proved to be valuable. If the study shows that the use of SCIT is experienced not valuable, continuing SCIT has to be evaluated.

The retrieved data was purged to a personal computer. Backup of the data was taken to personal devices. All the data was maintained inside personal computers and devices and was not distributed in any networks at any time.

7.2 Validity and reliability

Thomas and Magilvy (2011) defines that validity and reliability are ways to ensure the trust and consistency at the findings of the study. Actually they claim that validity and reliability suits better with quantitative research method. Equivalent term in qualitative research method is qualitative rigor. They define qualitative rigor as details to make replication of the study possible with a

different research sample. (Thomas & Magilvy 2011, 151.)

Janhonen (2003, 36) states that validity of qualitative research are related to quality and analysis of the data, representing the results and the researcher himself. The data of the research is defined by how the researcher has captured the appearance of the subject. The ability, knowledge and values of researcher affects to the analysis.

When considering the literature review of the topic it must be stated that the amount of used studies from SCIT is low. SCIT is rather young method which certainly affects to amount of studies available. In addition the same individuals that developed SCIT were involved nearly all the studies found. As a result the reliability of the previous study results of the benefits of SCIT are affected with that fact. Nevertheless the studies found about SCIT covered more the perspective of the patients rather than the experiences of the instructors. Therefore the results of this study probably do not suffer from the narrow theory base of the study subject.

Group interview provides a possibility to create more diverse model about the reality of the researched subject (Kylmä & Juvakka 2007, 84 – 85). When considering the quality and analysis of the data and validity of research the open nature of semi-structure interview tends to encourage depth and vitality of the interview. This helps gathering rich data for the analysis, which increase the validity of the study. The researcher feels that maybe some issues left hidden, however the important issues were revealed in the interview by the instructors. Besides that the nature of the research questions and qualitative

research in general is not that exact, therefore the researcher feels that validity and reliability are rather well fulfilled with above issues. (Doody 2013.)

7.3 Limitations of the research

The instructors expressed highly positive comments about SCIT and the experiences were rather similar or at least verified by the other instructors in the interview. It can be questioned would the comments be as positive if the instructors had been interviewed one by one. According Kylvä & Juvakka (2007) effects of group dynamics, such as tendency to follow others opinions, are always present in group activity. That was noted in the interview where others comments were repeatedly verified by other instructors concurrently saying “yes, yes” when one was talking. Though the researcher felt that positivity was genuine and asked confirming questions. (Kylvä & Juvakka 2007, 84 – 85.)

Four out of five instructors of the ward were able to participate to the interview. Though it is reasonable good rate it still affects to the reliability of the study. Although from the interview one can conclude that the missing instructor could agree at least most of the key items, one can not rely on that. Besides the missing instructor could had opinions or experiences the others did not had or expressed in the interview.

8 Discussion

The purpose of the research was to study the experiences of instructors about the usage of SCIT in acute psychiatric ward. The research aimed at finding the factors that affect to the usage of SCIT and should it be modified somehow to better meet the purposes of the ward. The researcher feels that the expectations of the study were met and research questions were answered, however the research is a bit limited in depth.

According previous researches, lack of social skills is general in a group of people who suffers from schizophrenia or other diseases with psychotic symptoms. In addition, medication which is the frontline treatment for schizophrenia, cause only minimal response to these symptoms. (Roberts et al. 2010, 5; Thompson et al. 2012, 204.) Researches show as well that SCIT improves the social skills well (Combs et al. 2009, 196 – 197; Horan et al. 2008, 47 – 54).

According to the instructors of SCIT, social skills of the patients were enhanced by SCIT. Thus the analysis of the study conduct the same than the researches mentioned above. SCIT was experienced as a method that is intriguing for both the instructors and the patients. The instructors have noticed the improvement that happens to the patients during the training. In addition SCIT is expected to be a bit revolutionary by the instructors and they are waiting to get the full potential out of it by learning to use it more efficient way and to adjust it to fit the limited environment of the ward better.

9 Conclusion and suggestions for future research

In conclusion the experiences of usage of SCIT were positive. The instructors could remember only one patient, that had negative experiences about SCIT, but there was some certain reasons for the patient not to like SCIT, so the instructors did not think this individual opinion as relevant. Practically all instructors have positive experiences about usage of SCIT. Also all the patients have be benefited from SCIT according the instructors.

When asked for ideas for possible future research, experiences of patients were brought up. Interesting issues would be to know what areas patients feels to be in main part of training and is there anything that could be left out. The researcher feel that more focused research would give more usable and effective results after this study has shown that SCIT is valuable and has proven it place of use in the ward.

Very interesting issue is that municipality health services near by are planning to start using SCIT as well. Future instructors are participating in SCIT training as we speak. This opens possibilities for different kinds of co-operation between actors. For instance co-operation could solve the problem when patient's hospitalization ends in the middle of training.

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Appendices

Appendix 1. Participation request letter.

HYVÄ HAASTATELTAVA

Olen sairaanhoitajaopiskelija Jyväskylän ammattikorkeakoulusta (JAMK). Olen tekemässä opinnäytetyötä Social Cognition and Interaction Training -terapiasta (SCIT), jota käytetään osastollanne. Pyydänkin teitä, jotka ohjaavat SCIT -terapiaa, ystävällisesti osallistumaan opinnäytetyöhön liittyvään haastatteluun. Haastattelu on ryhmähaastattelu, jossa myös keskustellaan aiheesta ryhmänä. Haastattelun kesto tulee olemaan arviolta 45 – 90 minuuttia.

Haastattelua käytetään opinnäytetyön aineistonkeruumenetelmänä. Osallistumisenne haastatteluun antaa tärkeätä aineistoa opinnäytetyöhön. Haastattelu äänitetään ja analysoidaan jälkikäteen. Haastattelu on luottamuksellinen ja se tullaan hävittämään opinnäytetyön valmistuttua. Haastateltavien henkilöllisyys ei tule esille opinnäytetyössä.

Osallistuminen haastatteluun on täysin vapaaehtoista. Haastattelulla on myös oikeus keskeyttää haastattelu missä vaiheessa tahansa. Haastattelulla on myös oikeus kieltää haastattelumateriaalin käyttö jälkikäteen.

Mikäli teillä on haastatteluun tai opinnäytetyöhön liittyviä kysymyksiä, niin alkää epäröikö ottaa yhteyttä minuun!

Terveisin,

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Appendix 2. Consent form for interview.

SUOSTUMUS HAASTATTELUUN

OPINNÄYTETYÖN NIMI :

Experiences about use of Social Cognition and Interaction Training (SCIT) in acute psychiatric ward (Kokemuksia Social Cognition and Integration Training (SCIT) -terapian käytöstä akuutilla psykiatrisella osastolla)

Haastattelua käytetään SCIT -terapian käyttökokemusten kartoittamiseen.

Osallistuminen on vapaaehtoista. Tutkimuksen tiedot käsitellään luottamuksellisesti, eikä yksilöiviä tietoja julkaista.

Suostun osallistumaan opinnäytetyöhön :

Haastateltavan allekirjoitus ja nimenselvennys

Suostumuksen vastaanottaja :

Opinnäytetyön tekijän allekirjoitus ja nimenselvennys

Paikka ja aika :

_____ / _____